

STATE OF MICHIGAN
DEPARTMENT OF LABOR & ECONOMIC GROWTH
OFFICE OF FINANCIAL AND INSURANCE SERVICES
Before the Commissioner of Financial and Insurance Services

In the matter of

XXXXX XXXXX
Petitioner
v

File No. 87773-001

US Health and Life Insurance Company
Respondent

Issued and entered
this 24th day of March 2008
by Ken Ross
Commissioner

ORDER

I
PROCEDURAL BACKGROUND

On February 12, 2008, XXXXX XXXXX filed a request for external review with the Commissioner of Financial and Insurance Services under the Patient's Right to Independent Review Act, MCL 550.1901 *et seq.* The Commissioner reviewed the information and accepted the request on February 15, 2008.

The Commissioner notified US Health and Life Insurance Company ("USHL") of the external review and requested the information used in making its adverse determination. The company provided initial information on February 14, 2008, with additional information on February 16, 2008.

The issue here can be decided by an analysis of the certificate of coverage and applicable Michigan law. The Commissioner reviews contractual issues pursuant to MCL 550.1911(7). This matter does not require a medical opinion from an independent review organization.

II
FACTUAL BACKGROUND

The Petitioner went to the XXXXX Hospital emergency room on September 12, 2007 where he was treated for an oral abscess that was obstructing his airway. After initial treatment, it was

determined that Petitioner would need to have a molar removed to complete the treatment. The procedure was performed by an oral surgeon on September 14, 2007. The charge for the emergency room treatment was \$871.00. The charge for the oral surgery was \$875.00.

USHL covered the emergency room treatment with the charge being credited to his policy's deductible. USHL declined to cover the later oral surgery. The Petitioner appealed. USHL reviewed the claim but upheld its denial. A final adverse determination was issued December 27, 2007.

III ISSUE

Is USHL required to provide coverage for the Petitioner's oral surgery?

IV ANALYSIS

The Petitioner states that his tooth needed to be removed in order to adequately complete the treatment of his infection. USHL argues that Petitioner's policy excludes coverage for dental care. Analysis of this dispute begins with the insurance contract, USHL's certificate of group insurance coverage issued to XXXXX, the employer of Petitioner's wife. The certificate includes the following provision:

7.4 General Exclusions The calculation of benefits payable under the Policy shall not include or be based upon any charge made for or in connection with any Hospital Confinement, or any examination, or any surgical, medical or other treatment, or any service or supply:

* * *

28. which is incurred for treatment on or to the teeth, the nerves or roots of the teeth, gingival tissue or alveolar processes except that benefits payment will be provided for multiple extractions or removal of unerupted teeth when the Covered Person is hospitalized as a bed patient. Hospital charges only will be payable. . . .

The policy does provide coverage for emergency room treatment. That treatment was covered by USHL. The later care provided by the oral surgeon was not emergency care but constituted dental care which falls within policy exclusion 7.4(28) quoted above.

**V
ORDER**

The Commissioner upholds USHL's adverse determination of December 27, 2007.

This is a final decision of an administrative agency. Under MCL 550.1915, any person aggrieved by this Order may seek judicial review no later than sixty days from the date of this Order in the Circuit Court for the county where the covered person resides or in the Circuit Court of Ingham County. A copy of the petition for judicial review should be sent to the Commissioner of the Office of Financial and Insurance Services, Health Plans Division, Post Office Box 30220, Lansing, MI 48909-7720.